

Charles A. Bon  
Patological Specimens

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FOR 3-875)

SERIAL NO. **09/926444** FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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T TAL IND.	1					
TOTAL DEP.	18					
TOTAL CLAIMS	19					

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